



Training Underscores Importance of Reports by Public to Contain Disease

Reports made by members of the public often serve a crucial role in limiting the spread or recurrence of illness, according to Pam Pontones, infectious disease epidemiologist at the Indiana State Department of Health.

In *Investigating an Outbreak*, the concluding lesson of *Principles of Epidemiology*, Pontones stated that individual citizen reports of suspected illness made to health officials can be important. This six-part training-lecture series was videocast to public health professionals across Indiana on May 10.

In her presentation, she acknowledged the valuable role served by physicians, hospital administrators, and laboratories in reporting disease to health officials. These sources are required to report disease under Indiana law.

Their routine reporting establishes current levels of disease relative to expected baselines for an array of reportable diseases. All health care professionals make their reports without any additional need for direct contact by patients with public health officials.

"Reports of illness suspected to be foodborne, are the most commonly reported by citizens," Pontones said.

Indiana State Department of Health epidemiologists maintain continuous surveillance of all report submissions of illness, watching for a potential outbreak. They measure any rise in the level of reportable illnesses. An "outbreak" occurs, as established by definition of Indiana Administrative Code, whenever "cases of disease occurring in a community, region, or particular population (are) at a rate clearly in excess of that which is normally expected."

Pontones says that from the beginning of 1999 to May 2002, ISDH issued 71 reports of outbreaks. Although the majority were reported by public health



PAM PONTONES, Epidemiology Resource Center, discusses investigating outbreaks in statewide satellite telecast, May 10.

Video clip edited by Dennis Rediker

Guidelines for Reporting Illness to a Public Health Department

Symptoms of illness should be reported first to a person's regular health care practitioner, whenever practicable.

For persons experiencing illness who are unable to see a physician, checking with other persons with whom they have recently been in contact is advised.

"When one or more other persons experience similar symptoms of illness during the same time frame, that's the time to report it to the local health department," advises Pam Pontones, State Department of Health infectious disease epidemiologist.

professionals, five (7 percent) of the reported incidents were initially made by citizens directly to health departments.

Pontones says "One of the most serious outbreaks in recent years occurred when 289 out of 650 convention attendees became ill in September of 1999. It was the initial call of an attendee from Oklahoma and the Marion County Health Department that alerted the ISDH to an outbreak of what was eventually identified as symptoms of suspected viral gastroenteritis."

Pontones explained what a health department does when several calls from citizens report illness linked to the same

event.

"In the case of the 1999 convention incident, questionnaires were e-mailed to the company sponsoring the event to determine which attendees experienced illness," Pontones said.

She said that ISDH and the Marion County Health Department worked together on the investigation. Two caterers had supplied the food for the conference. A second outbreak traced to a charity dinner, held within the same time frame as the conference, was also served by one of the caterers, which led to the isolation of that caterer as the source of the illness.

Pontones says that MCHD food protection specialists made a routine inspection of the facility where the caterer prepared the food. It noted that there were "no questionable food handling practices, refrigeration practices, or temperature violations." However, some food service workers worked while they were ill with gastroenteritis symptoms, Pontones says. The symptoms overlapped the days that meals were served to the conference attendees who got sick. Pontones says they suspected mishandling of the food was the cause of the outbreak due to high bacterial and coliform counts in stored food at the preparation facility. To prevent future recurrence, the caterer was given detailed instruction for assuring employee training and safe food handling practices.

Among other investigations made by health departments in response to initial citizen reports was one Pontones remembers occurring at a long-term care nursing facility. A visiting relative who observed similar symptoms of illness among several patients at the facility made a report to the health department. An ISDH investigation discovered that the Norwalk virus had been spread by contact among patients.

Mosquito Population Growth Poses Risk of West Nile Virus

Mosquito eggs are hatching in Indiana, and the current wet and warm weather conditions are ideal for the mosquito population to grow rapidly in the next few days. State health officials warn this may mean a higher risk for West Nile encephalitis, which is transmitted by mosquitoes.

"We do expect to see more transmission of the West Nile virus this year," said Michael Sinsko, senior medical entomologist at the Indiana State Department of Health.

The West Nile virus was first detected in Indiana in August 2001. By the end of last year, 47 birds and one horse in seven counties had tested positive for the virus. No human cases have been found in Indiana.

Hoosiers can help prevent transmission of the West Nile virus by mosquitoes. In Indiana, mosquitoes that transmit the virus often breed in containers like tires, buckets, and unused wading pools. Homeowners should check their property and either overturn or cover such containers. Another place where large numbers of disease-carrying mosquitoes breed is in accumulations of sewage water. So homeowners should repair all malfunctioning septic systems that are discharging to the surface. Standing water in gutters clogged with leaves offers another breeding

place. Gutters should be checked and cleaned regularly.

Sinsko suggests that homeowners stock ornamental ponds with fish, like bluegills or sunfish, so that the fish will feed on the mosquito larvae and pupae.

One of the most effective mosquito repellents contains diethyl toluamide (DEET) as the active ingredient. Different brands and formulations have various concentrations of this chemical. Health authorities recommend that parents avoid using formulations with concentrations greater than 15 percent on small children. Pediatric formulations of repellent for small children are widely available.

Sinsko recommends that whenever possible, the repellent be applied to clothing rather than skin. In all cases, everyone should read the precautions on the labels of all repellent products before use.

Sinsko said the State Department of Health is encouraging people to notify their local health departments if they

notice a dead crow, blue jay, or hawk, so it can be submitted for testing for the West Nile virus. These types of birds are particularly sensitive to being killed by the virus.

"The more information we can get, the more accurate picture we can get of where the West Nile virus is throughout the state," said Sinsko.



MOSQUITOS MAY MULTIPLY WHEREVER WATER STANDS IN CONTAINERS, like ornamental ponds, buckets, wading pools, clogged gutters, or old tires. These problem areas need to be addressed by homeowners (see article), according to Mike Sinsko, senior medical entomologist.

State Health Officials Promote Osteoporosis Awareness

During National Women's Health Week, May 12-18, the Office of Women's Health at the Indiana State Department of Health sponsored bone density screenings around the state to raise public awareness of osteoporosis.

Osteoporosis causes bones to weaken and can lead to pain, disability, and loss of independence in later years. Risk factors for osteoporosis include smoking, having a thin/small frame, early menopause, excessive alcohol intake, a low calcium diet, lack of exercise, family history, and the use of medications that reduce bone strength.

"It is important for women to be aware of the risk factors for osteoporosis, and how this silent disease can affect their lives," said State Health Commissioner Greg Wilson, M.D.

The Indiana Osteoporosis Prevention Initiative, which was established in 1997 and is administered by the Office of Women's Health, is dedicated to the prevention and treatment of osteoporosis.

"Women are four times more likely than men to develop osteoporosis, mainly due to the loss of estrogen at menopause, and half of all women over age 50 are affected with osteoporosis," said Barbara Levy Tobey, director of the

Office of Women's Health.

In February 2000, the program purchased a Sahara Bone Densitometer for screening women for bone density loss. To date, the Indiana Osteoporosis Prevention Initiative has visited 46 counties in Indiana, providing more than 6,100 screenings.

The densitometer is used to screen a woman's heel. This painless, non-invasive procedure takes less than one minute. The results from the screening are immediately produced and are explained to the participant.

After the screenings, the women are given the opportunity to ask questions and to receive educational material about osteoporosis. A risk analysis questionnaire is sent home with each woman screened, along with her scores. Women are encouraged to give their scores to their doctors for assessment and to be placed in their medical file.

Women can learn more about osteoporosis or find out how to receive a free bone density screening by calling the Indiana Osteoporosis Prevention Initiative, at 317-233-7019.

More information about osteoporosis is also available on the State Department of Health Web site: <http://www.IN.gov/isdh>.

2002 TAR WARS® Commissioner's Choice Award Goes to Loogootee 5th Grader Abbie Strahley

State Health Commissioner Greg Wilson, M.D. selected the poster of Abbie Strahley, Loogootee, for the Commissioner's Choice Award in the Indiana 2002 TAR WARS poster contest. Strahley, a 5th grader during the 2001-2002 school year, attends Loogootee Elementary School East.

The 2002 Tar Wars poster contest awards ceremony was held at the Children's Museum, Indianapolis, on May 5.

Strahley participated as one of 19,131 Hoosier students in the 4th and 5th grades who were reached by the 2001-2002 TAR WARS program in 255 Indiana schools.

The poster competition is part of the annual TAR WARS classroom educational program that was designed by the American Academy of Family Physicians (AAFP) and is coordinated in Indiana by the Indiana Academy of Family Physicians Foundation.

Classroom presenters comprise family practice physicians, residents, medical students, school nurses, other health educators, and community members. Using interactive classroom lesson plans, presenters provided students with a series of activities "designed to increase a student's



COMMISSIONER'S CHOICE AWARD winning poster in the 2002 TAR WARS competition is by 5th grader Abbie Strahley, Loogootee.

knowledge of the short-term effects of tobacco use, to help the student identify the reasons why people use tobacco products, and to prompt them to think critically about tobacco advertising," according to the AAFP.

Winning entries from each school also compete for first prize selection by a panel of judges at the state level. The state winner of this competition then competes nationally each year.

Several years ago, Indiana's state entry was selected as the national winner. This year's winner will be announced July 23 in Washington, D.C.

Listed at the TAR WARS program Web site, www.tarwars.org, are the TAR WARS curriculum, how to volunteer, winning poster entries, the names of winners, and other details of the program.

School of Nursing Honors Webster-French

The I.U. School of Nursing has honored Gloria Webster-French with an alumni award for her sustained contributions while serving on the school's Cultural Diversity Council. An award plaque was presented to her at an annual alumni luncheon May 18.

"It's been a pleasure to see the classes and curriculum become more culturally competent," said Webster-French. She has devoted more than seven years of service to the Cultural Diversity Council.



GLORIA WEBSTER-FRENCH, director of the ISDH Office of Cultural Diversity and Enrichment, holds alumni award from the I.U. School of Nursing for her contributions to cultural diversity education at the school. Photo by Daniel Axler

Tips for Easier Reading of On-line Text in the Express



Having trouble reading type on-line? It's not an uncommon problem. Try enlarging the text until it can be read comfortably. Just click on the magnifying-glass icon located on the Adobe Acrobat toolbar at the top of the screen. Your cursor becomes a magnifying glass with a plus sign. Each mouse click on the screen magnifies. Hold down the control key and the plus becomes a minus, and then a mouse click reduces the size of the image.

To fill the screen with the image, click on the View menu and then on "Fit Width," to eliminate wasted screen space.

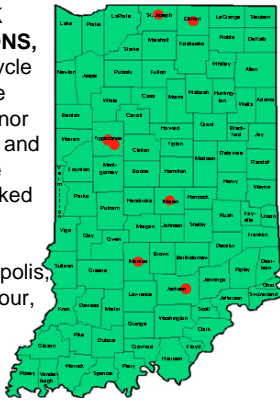
ISDH Supports Bicycle Events in May That Boost Fitness and Safety

The Indiana State Department of Health joined with the Indiana Bicycle Coalition and the Indiana Department of Transportation to promote a series of activities in May that support the safe use of bicycles for fitness and health.

Together with Governor Frank O'Bannon, who issued a Governor's Proclamation recognizing May 13-19 as Bike to Work Week in Indiana, mayors in the cities of Bloomington, Goshen, Indianapolis, Lafayette, Seymour, South Bend, and West Lafayette also issued proclamations encouraging citizen participation in riding bicycles to work.

BIKE TO WORK PROCLAMATIONS, encouraging bicycle commuting, were issued by Governor Frank O'Bannon and by mayors of the seven cities marked on the map:

Bloomington, Goshen, Indianapolis, Lafayette, Seymour, So. Bend, and West Lafayette.



"Participation by these state and city leaders is important in helping attract the attention and involvement of local citizens," said Casey McIntire, director of the Governor's Council for Physical Fitness and Sports.

McIntire served as ISDH's representative for planning and supporting the week's events.

During the week, bicyclists in Indianapolis rode to work from the north, south, west, and east sides of the city to demonstrate how riding to work can be done safely, while also reducing traffic congestion and air pollution. Riders traveled 13 miles to work from the north side.

The Indiana Department of Transportation, one of the event's supporters, arranged for temporary bicycle parking located on the drive between the Indiana Government Center north and south buildings.

This Bike to Work event was organized under the leadership of the Indi-

ana Bicycle Coalition, which receives funding for a portion of its activities from the Indiana State Department of Health.

One Indiana company, Endress +Hauser, Greenwood, went all out to encourage its employees to ride to work on May 13. The company gave each rider a small gift and a group photo of participating riders and also encouraged a lunchtime ride to a local eatery. The company used e-mail and publicity in the local newspaper to challenge other employers' participation.

On Saturday, May 18, at the conclusion of Bike to Work Week, the winners of a *Bike Smart* safety awareness poster contest were announced. The contest was held for Indiana school children from various grade level groupings from K-12 to encourage bicycle safety awareness.

The contest theme was "Bicycles Follow the Rules of the Road." Posters were judged on how well they depicted this theme.

The winning posters were unveiled at the *BikeSmart Rodeo* at First Merchants Bank, 116th and Brook School Rd., Fishers.

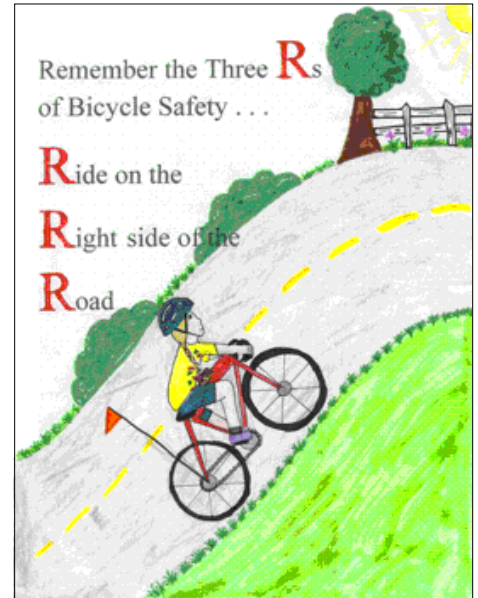
Free Bicycle-Helmet Safety Videotape

A free new 9-minute bicycle-helmet safety video, which is geared toward kids, can be ordered from the National Highway Safety Administration (NHTSA), Division of Safety Counter Measures by fax at 301-386-2194, or from : <http://www.nhtsa.dot.gov/people/injury/pedbimot/bike/index.html>.

The *Ride Smart: It's Time to Start*, video explains how to buy and correctly fit a bicycle helmet, which is not as obvious as it may seem. It also discusses the rules of the road, and features a diverse group of kids modeling the coolest looks in helmets.

Some kids may think a helmet makes them look dorky, not realizing a head injury can cause brain damage, affect behavior and appearance, and sometimes cause death.

NHTSA statistics show that helmets reduce the risk of head injury by nearly 90 percent.



FIRST PRIZE BICYCLE SAFETY POSTER in the grade 3-5 category was created by Rachel Box, Carmel. Safety training and the poster competition were supported with federal funding distributed through the State Department of Health.

McIntire says the federal National Highway Safety Administration provides funding to each state for a range of possible uses. The Indiana Department of Transportation passes through approximately \$28,000 of funding to the Indiana State Department of Health, which in turn grants the dollars to the Indiana Bicycle Coalition for conducting the bicycle safety poster contest, as well as creating a bicycle activities event calendar, bicycle safety "rules of the road," and coloring books for distribution to Indiana school children.



Indiana State
Department of Health

Express

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Marion County Health Department and Partners Help Drive Down Syphilis Rate

For the Marion County Health Department and its *Stamp Out Syphilis Coalition* partners, the news concerning syphilis rates continues to be very encouraging.

Rates for 2000 dropped by 25 percent from 1999, and statistics for 2001 show the number of cases have dropped by more than 57 percent in the last year.

Based on the 2000 figures, Marion County dropped from having the nation's highest level, to second in the nation. While that decrease may not seem significant, the downward trend endorses the community-wide approach taken by the Health Department to confront syphilis.

"The Stamp Out Syphilis Coalition includes community agencies, neighborhood associations, radio stations, faith-based groups, concerned citizens, and state and local legislators," said Virginia Caine, M.D., Director of the Marion County Health Department.

This group has used a variety of community resources, including neighborhood clubs, beauty shops, barber shops, and laundromats. Billboards, bus ads and radio advertising also have been part of the project.

Disease Intervention Specialists have gone door-to-door in areas designated as "hot zones" for syphilis. Talking to people one-on-one, and testing for syphilis and HIV have been critical to the success of the disease reduction effort.

Marion County Sheriff Jack Cottey has been instrumental in supporting syphilis screening in the Marion County Jail. More than 6,000 tests were conducted at the jail in 2001, a more than 15 percent increase from 2000.

Even with the positive news, concerns about syphilis continue. The disease continues to disproportionately impact African Americans, who account for nearly 90 percent of all reported cases.

"In the coming year, the Coalition will monitor increases in syphilis cases among men who are having sex with other men," said Dr. Caine.

For more information about the Stamp Out Syphilis Coalition, Debra Henderson may be contacted at the Marion County Health Department at (317) 221-2315.

— John T. Althardt
Marion County Health Department



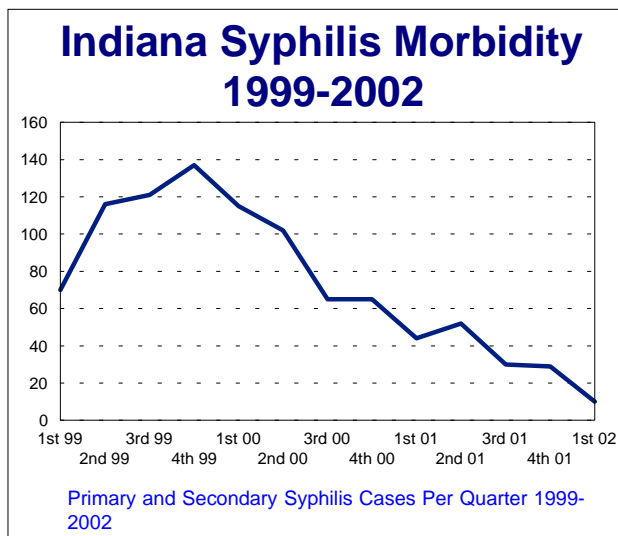
BILLBOARD CAMPAIGN, used by the Marion County Health Department, was an effective element in reaching the public to reduce the incidence of syphilis in Marion County.

ISDH Surveillance Shows Decline in Syphilis During Last 9 Quarters

ISDH statistics that were collected continuously over the past 27 months show a dramatic decline for persons with syphilis who were diagnosed and treated in Indiana.

During the fourth quarter of 1999, there were 140 cases of primary and secondary syphilis cases reported in Indiana. Of these, 130 (93%) were reported from Marion County. There were 13 cases of primary and secondary syphilis reported in Indiana during the first quarter of 2002. Of these, seven (54%) were reported from Marion County.

"There has been a reduction of 95% in reported cases—130 versus seven—in Marion County and a 93% reduction overall in Indiana at the same time, with 140 versus 13," said James D. Beall, ISDH STD program manager.



QUARTERLY STATE SYPHILIS MORBIDITY RATES, 1999-2002, which appear in the graph to the left, include primary and secondary diagnoses reported from all Indiana counties. At the peak of reported cases in the fourth quarter of 1999, 93 percent of persons diagnosed with active syphilis were living in Marion County. The Indiana State Department of Health routinely monitors and compiles data reported from all Indiana sources.

5th Rural Health Conference To Share Ideas for Healthy Rural Communities

The upcoming 2002 Indiana Rural Health Conference will offer attendees workable and often novel approaches for addressing problems that affect the work of health care practitioners throughout rural Indiana.

In addition to the traditional keynote and special addresses, rural health care specialists will be conducting interactive workshops during each of the conference's three days, June 12 - 14.

"Plenty of opportunity will be available for attendees to learn, raise questions, and discuss issues in detail," said Randall Ritter, co-chair of this year's conference committees.

This year's conference brochure outlines the rural health issue environment that the faculty will be addressing:

"In a largely agricultural state, Indiana's rural health care issues are particularly important to its residents. Farms account for 68 percent of Indiana's land, and 35 percent of Indiana's 5.8 million residents live in rural areas. The demographics and health care needs differ from those in urban communities.

"Nearly 20 percent of rural populations are uninsured, and residents often have to travel long distances to access needed health services and facilities.

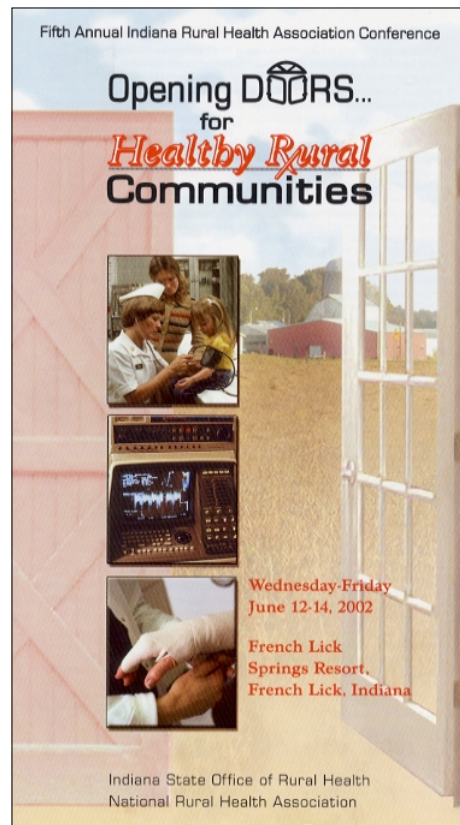
"Rural communities are struggling with how to build and support their limited health system infrastructure and capacity. They face difficulties in recruiting and retaining providers, in establishing telemedicine systems, and maintaining emergency medical services.

"In recent years, the challenges of states with large rural populations have expanded to include developing more long-term care options and deciding whether to incorporate managed care into rural health care delivery and how to accomplish that task."

Developing initial and continuing funding seems to be a perennial issue for delivering rural health care services. Help is here. A pre-conference grant-writing workshop, on the morning of June 12, will deliver the basics for successful grant-writing for "those who have never written a grant or those with minimal grant writing experience."

Wednesday afternoon starts with addresses by Forrest Calico, M.D., M.P.H.

(*Our Challenge: Rural Quality Improvement, Can we NOT Accept?*) and James Buechler, M.D. (*Opportunities in Rural Health Delivery*). Following them, afternoon concurrent breakout session leaders will include, Mark Laker (*Humor: it Works Wonders*); Jennifer Lucas, R.N., and



Ellie Rogers, R.N. (*Why Public Health Nursing? A Panel of Public Health Nurses From Large, Medium, and Small Communities*); Jan Miltenberger, M.S.N. and Jane Small, M.S.N., D.O.N. (*Embracing Medication Safety in Small Hospitals*); Kathy Weaver (*How and Where to Obtain Grant Opportunities*); and Dave Zook (*Working with the Federal Government to Develop Funding and to Relieve Regulatory Burdens*).

Following Thursday morning keynote speakers Val Schott (*Current Health Care Issues at the Federal Level*), Greg Chesmore (*Report on Rural America: The Integration of Health and Human Services*), and Melanie Bella (*Indiana's Perspective on Health Care and Medicaid*), concurrent session leaders will include: B. J. Isaacson-Chaves (*So, Now You Are on the Board*); Joan Henkle, D.N.S., R.N., Elise Papke,

M.P.H., and Susan Meece-Hinh (*Strengthening Indiana's Public Health Workforce Infrastructure*); Ronald E. Leach, M.D. (*Emergency Medicine Treatment and Labor Act [EMTALA]: Education, Impact on Rural Health Facilities [Q&A]*); Elizabeth Helms, F.N.P. (*Sexual Assault: A Rural Health Perspective*).

Following Thursday's luncheon keynote speaker Philip Gulley, the author of *Front Porch Tales*, afternoon breakout session leaders include James Howell, D.V.M. (*Bioterrorism*); James M. Full, F.A.C.H.E. (*Recruitment and Retention: Strategies in a Rural Setting*); Todd Carpenter, Psy.D. (*Substance Abuse in Rural Areas and Meth Epidemic*); and Dennis R. Peare, C.P.A. (*Regulatory and Reimbursement Update: Rural Hospitals, RHCs, and FQHCs*).

During the concluding half-day of the conference on Friday, concurrent breakout session leaders include: Felice Vargo and Jennifer Custer (*Why and How to Develop a Sliding Fee Scale for Your Practice*); Holly Hobaugh and Mary Beth Seaward (*Facing a Shortage of Health Professionals? Try Growing Your Own*); Carolyn Hamilton, R.N. (*Advancing Health Care Quality Through Partnerships with Indiana Medicare Quality Improvement Organization*); and Brent Furbee, M.D. (*Snake Bites*).

Friday's keynote speakers include, D. Craig Brater, M.D., (*Life Sciences Initiative and Rural Health Needs: Conflict or Match Made in Heaven*) and Ed Bell (*Dealing with Change and Other Four-Letter Words*).

Indiana State Department of Health **NewsLink**

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